Image# 28992291136 107/**02**#**2008** 15:39

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a)	Name of Individual, Or]					
	FENDERS OF WIL						
	Address (number and 0 17TH ST NW						
(c) City, State and ZIP Code							S. EEO Ideerge er an Noumban
WASHINGTON DC 20036					3	3. FEC Identification Number	
2. Corporate filers only					C	C90007907	
		Is the filer a qualified no	onprofit corporatio	n? X Yes	☐ No		
Inc	dividual filers only	Name of Employer				l Occupa	tion
	Name of Employer					Cooupa	LIOTI
	1						
	4. TYPE OF REP	ORT (check appropriate bo	oxes):				
	(a) April 15	5 Quarterly Report		24-Hour Notice	X 48-Hour	Notice	
	☐ July 15 Quarterly Report						
	☐ Octobe	r Quarterly Report					
	│ │	31 Year-End Report					
		•					
	(b) Is this Report an amendment? Yes \(\square\) No \(\overline{X} \)						
	5. COVERING PERIOD: FROM MOM / DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
			THROUGH				
		M 1 0	/ D D D /	2008			
	6. TOTAL CONT	RIBUTIONS			L,		.00
	7. TOTAL INDEP	ENDENT EXPENDITURE	S				19000.21
request	or suggestion of, a candidate	the independent expenditures report or a candidate's agent or authorize poration, I certify that the corporation	zed committee or a po	litical party committee or it	ts agent. In addition, if	the indep	ution with, or at the endent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE							DATE
William Lutz							10/02/2008
	NOTE: Submissio	n of false, erroneous or incom	nplete information r	may subject the person	signing this report	to the pe	enalties of 2 U.S.C 437g.
1							

For further information, contact

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2/3

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee	Date					
MSHC Partners	M M / D D / Y Y Y Y					
Mailing Address			0.9 29 2008			
1155 15th St NW Suite 300			Amount			
City	State	Zip Code	6080.00			
Washington	DC	20005				
Purpose of Expenditure		Category/	Office Sought: X House State: CO			
walk card		Type	House Senate			
Name of Federal Candidate Supported or Opposed by	President District: 04					
Marilyn Musgrave	Check One: Support X Oppose					
			Disbursement For: Primary X General			
Calendar Year-To-Date Per Election		11741.96	2008			
for Office Sought			Other (specify)			
Full Name (Last, First, Middle Initial) of Payee			Date			
Wil Lutz			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address						
2321 2nd St So			Amount			
City	State	Zip Code	57.23			
Arlington	VA	22204				
Purpose of Expenditure		Category/	Office Sought: X House State: CO			
salary		Туре	House Senate District: 04			
Name of Federal Candidate Supported or Opposed by	/ Expenditure:		President District. 44			
Marilyn Musgrave			Check One: Support X Oppose			
Colondon Very To Date Day Florida			Disbursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought		1030.15	2008 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee						
Jessica Brand			Date			
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Mailing Address 1418 W St NW #103			Amount			
			49.22			
City Washington	State DC	Zip Code 20009				
	50		Office Sought			
Purpose of Expenditure salary		Category/	Office Sought: X House State: CO			
-		Туре	House Senate District: 04			
Name of Federal Candidate Supported or Opposed by Marilyn Musgrave	/ Expenditure:		President			
Mainyn Maogravo			Check One: Support X Oppose			
Calendar Year-To-Date Per Election			Disbursement For: Primary X General			
for Office Sought		332.25	Other (specify)			
<u> </u>						
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTALof Unitemized Independent Expenditures						
,,,						
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7						
toarry total from last page forward to Line 7)						

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3/3
FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee	Date					
Wild Bunch Consulting	M M / D D / Y Y Y					
Mailing Address	1 0 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
900 19th St NW	Amount					
00.1. 70.0.1.	7151.80					
City State Zip Code Washington DC 20006						
Purpose of Expenditure Category/	Office Sought: X House State: CO					
TV ad production Type	House Senate District: 04					
Name of Federal Candidate Supported or Opposed by Expenditure:	President District					
Marilyn Musgrave	Check One: Support X Oppose					
	Disbursement For: Primary X General					
Calendar Year-To-Date Per Election 22677.	2008					
for Office Sought	Other (specify)					
Full Name (Last, First, Middle Initial) of Payee	Date					
MSHC Partners						
Mailing Addyson	10 DD YYYY					
Mailing Address 1155 15th St NW Suite 300	Amount					
	5661.96					
City State Zip Code						
Washington DC 20005						
Purpose of Expenditure Category/	Office Sought: X House State: CO					
car wrap Type	House Senate District: 04					
Name of Federal Candidate Supported or Opposed by Expenditure:	President District. 04					
Marilyn Musgrave	Check One: Support X Oppose					
	Disbursement For: Primary X General					
Calendar Year-To-Date Per Election	2008					
for Office Sought	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	12813.76					
(b) SUBTOTALof Unitemized Independent Expenditures						
	10000 01					
(c) TOTAL Independent Expenditures	19000.21					
(carry total from last page forward to Line 7)						